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For action

Country programme recommendation**

Djibouti

Addendum

Summary

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Djibouti with a duration of five years. The Executive Director *recommends* that the Executive Board approve the amount of $3,304,000 from general resources, subject to the availability of funds, and $3,750,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1999 to 2003.

* E/ICEF/1998/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "summary of 1999 recommendations for general resources and supplementary funding programme" (E/ICEF/1998/P/L.21).

98-16510

Basic data
(1996 unless otherwise stated)

Child population (thousands, under 18 years)	292
U5MR (per 1,000 live births)	157
IMR (per 1,000 live births)	112
Underweight (%, moderate and severe)	18
Maternal mortality rate (per 100,000 live births, 1990)	570
Literacy (%, male/female)	70/37
Primary school enrolment (%, net, male/female)	73/62
Primary school children reaching grade 5 (%, 1995)	82
Access to safe water (%)	84
Routine EPI vaccines financed by Government(%)	..
GNP per capita (1992)	$780*
One-year-olds fully immunized against:	
tuberculosis:	58 per cent
diphtheria/pertussis/tetanus:	49 per cent
measles:	47 per cent
poliomyelitis:	49 per cent
Pregnant women immunized against:	
tetanus:	39 per cent

* 1996 GNP per capita estimated to be lower-middle income $786 to $3,115.

The situation of children and women

1. Djibouti, situated in the Horn of Africa and with a population of 603,000 (1997 estimate), is among the poorest countries in sub-Saharan Africa. The 1991-1994 civil conflict resulted in a 10 per cent increase in migration to the capital, Djiboutiville. This substantially increased the population of urban and peri-urban squatter areas, where refugees from neighbouring countries had settled previously. The population and economy continue to recover from the conflict. In three of the country's five districts, 90 per cent of schools and health centres, most of which had been destroyed, have now been rebuilt. A modern high-technology service sector, including port operations, banking and telecommunications, is developing rapidly. More than 40 per cent of households own a television and 56 per cent a radio. However, the country ranks 164 out of 174 on the human development index (1997), has a per capita gross national product of $310 and 70 per cent of the population is excluded from the formal sector and is subsisting on petty trading and casual labour.

2. Through pulsed interventions, it has been possible to reach a large part of the population with selected key services. Progress was made in access to safe water, immunization coverage and knowledge of oral rehydration therapy (all over 80 per cent); vitamin A supplementation (available to 68 per cent of children over one year of age); and in making seven of the country's eight maternity hospitals "baby-friendly". If there is to be a significant reduction in infant, child and maternal mortality, more concerted and synergistic efforts are needed to address the major causes. According to the most recent estimates, the infant mortality rate (IMR) is 112 per 1,000 live births and the under-five mortality rate (U5MR) is 157 per 1,000 live births. Between 1980 and 1989, U5MR declined by only 21 per cent. Major causes of infant and child mortality continue to be diarrhoeal diseases, acute respiratory infections (ARI) and malnutrition. Some 23 per cent of children under five years of age are moderately or severely underweight and 22 per cent are moderately or severely stunted. Major indirect causes of infant and child mortality are, among others, wide-spread poverty and female illiteracy.

3. The maternal mortality rate (MMR) is 570 per 100,000 live births. Maternal deaths continue largely to be a result of lack of access to and availability of essential obstetrical care, harmful traditional practices, including dietary restrictions during pregnancy, first childbirth at an early age and female genital mutilation (FGM), which affects 95 per cent of women. In 1997, 6,663 people were diagnosed as HIV-positive and 1,000 had AIDS.

4. The literacy rate in 1995 was 80 per cent for males and 33 per cent for females over the age of 15 years. The drop-out rate before the sixth grade is 12 per cent and 43 per cent at the end of the primary cycle. Only 31 per cent of pupils who complete primary education enter secondary school.

Programme cooperation, 1994-1998

5. The 1994-1998 country programme aimed to reduce infant, under-five and maternal mortality and moderate and severe malnutrition, as well as to increase life-saving knowledge and skills among women and girls. The health programme made significant contributions in reinforcing institutional capacity for maternal and child health (MCH) coordination, supporting outreach mobile team operations in two of the five districts, and training of health personnel to improve the quality of health service delivery. In addition, UNICEF supported training of all 183 MCH staff in the integrated management of childhood illness (IMCI), as well as of 203 traditional birth attendants (TBAs) in safe delivery techniques. This was possible with the collaboration of the World Health Organization (WHO); the Italian non-governmental organization (NGO), International Cooperation (*Cooperazione Internazionale* or "COOPI"); the French Mission for Technical and Cultural Cooperation (*Mission de Coopération Technique et Culturelle*); and the Spanish Committee for UNICEF. With the technical support of UNICEF, the Government adopted an essential drug list, which is now applied in all health facilities at all levels, seven out of eight maternity hospitals attained "baby-friendly" status, and a national policy on breast-feeding was developed.

6. UNICEF and the French cooperation mission coordinated efforts to rehabilitate three zones affected by the armed conflict, including the provision of equipment to schools and clinics and training of teachers and health workers. UNICEF also provided basic health kits to mobile teams in two districts and helped to establish a new central vaccine cold room and one salt iodization unit. Access to micronutrients increased through distribution of vitamin A capsules in all MCH centres, maternity hospitals and primary schools. The Government, with support from UNICEF, adopted decrees on the production, importation and exportation of iodized salt and on banning distribution of breast-milk substitutes. This reinforced the promotion of breast-feeding in the "baby-friendly" maternity hospitals.

7. Two national vaccination campaigns for all six antigens of the expanded programme on immunization (EPI) were organized in 1994 and 1995 to increase coverage rates affected by the internal conflict. Outreach mobile teams traveling by camel carried out vaccination in zones that were otherwise inaccessible. In collaboration with WHO, UNICEF supported national polio eradication campaigns, which started in 1997 and are to continue through 2003. The major contribution to HIV/AIDS prevention was through peer-to-peer social mobilization by local NGOs and the integration of messages about AIDS and other sexually transmitted diseases in the distance learning programmes broadcast by the school radio. UNICEF is part of an AIDS theme group chaired by WHO that helps to support strengthening of national planning and strategy formulation in the field of AIDS prevention. UNICEF also provided support to the national disaster unit during the cholera epidemic of November 1997.

8. In collaboration with the French cooperation mission and UNICEF, the Ministry of Education rehabilitated and equipped 90 per cent of the schools destroyed during the internal conflict. As a result, the enrolment rate increased from 42 per cent in 1994 to 72.9 per cent for boys and 61.7 per cent for girls in 1997 (according to

the Djiboutian Household Survey (*Enquête Djiboutienne auprès des ménages*) and the World Bank). Following the 1996 mid-term review, the strategies of the education programme were revised. More emphasis was put on facilitating distance learning for girls and children who dropped out of school, as well as supporting local NGOs and community association in establishing low-cost community schools and various forms of non-formal education. Thus, the programme supported the training of teachers and auxiliary staff, the adaptation of teaching programmes to the situation in Djibouti and the construction and equipping of two schools in peri-urban areas. The programme also supported female literacy activities in partnership with local NGOs, in order to enhance women's social, economic and political empowerment. In this same spirit, the Government instituted a Division for the Promotion and Development of Women's Affairs within the President's Office.

9. UNICEF supplied educational and recreational materials to urban and peri-urban centres supporting disadvantaged children, many of whom are at risk of abuse, in order to reinforce their educational and developmental activities. The programme also supported reunification of displaced and refugee children with their families. In collaboration with the International Conference of Catholic Churches - CARITAS, UNICEF provided microcredits to especially disadvantaged women in the PK-12 and Arhiba suburbs of Djiboutiville.

10. Activities to provide safe drinking water supplies focused on rural districts. With a contribution from the Government of Italy, 50 reservoirs (2,000 litres) and three water trucks were supplied to three districts in response to an emergency appeal during the 1996 drought. In partnership with the Canadian Fund for Local Initiatives and the French and Spanish Committees for UNICEF, the PK-12 suburb was connected to a two-and-one-half kilometre water pipeline. As a result, the entire population of 18,000 will have access to sufficient quantities of safe drinking water.

11. Awareness of the Convention of the Rights of the Child was enhanced through radio, television and theatre plays and through the integration of child rights messages in the primary school teacher manual. UNICEF supported the elaboration of a Family Code integrating the Convention, the civil code, Sharia and customary law provisions. The Government declared 20 November the Day of the Djiboutian Child and established a children's parliament to enhance commitment to the Convention at national level. In addition, the information, education and communication (IEC) component of the programme integrated "facts for life" messages in the sectoral programmes.

Lessons learned

12. The 1994-1998 country programme demonstrated the importance of geographical and intersectoral convergence of interventions in increasing access to and the quality of basic health and educational services in urban and peri-urban areas. It emphasized the opportunity provided by the Government's decentralization policy to accelerate community empowerment and participation in basic service delivery through an integrated approach. It became evident that strong linkages and coordination with other donors are critical in maintaining gains and ensuring sustainability at national, district and community levels.

13. Based on programme evaluations and regular field visits, stronger linkages were established between activities supported by UNICEF and other donors in the PK-12 peri-urban project. This enhanced integration of project activities resulted in increased access to basic services and community participation, ownership and empowerment. This should have a positive impact on infant, child and maternal mortality and morbidity as well as on learning achievements and literacy, thus increasing the country's potential for reaching the goals of its national plan of action (NPA). Because of persistent high infant, child and maternal mortality rates, more innovative approaches are needed. UNICEF will apply this approach, although in a more extended and synergistic form, to other densely populated, low-income communities through the "child-friendly" initiative of the proposed country programme.

14. Advocacy among decision makers and civil society resulted in increased political commitment to child rights. Continued advocacy is needed to translate this commitment into specific gains for children. Special efforts will be needed to encourage implementation of the Convention on the Elimination of All Forms of Discrimination against Women and to eradicate FGM.

15. More creative efforts are needed to bridge the gap between the traditional way of life of many Djiboutians and the burgeoning modern, high-technology sector. An opportunity is provided by the growing access to electronic media, which resulted in the development of multi-media approaches that use television, radio and face-to-face communication in reaching parents with messages on improving the care and stimulus given to young children.

Recommended programme cooperation, 1999 - 2003

Estimated annual expenditure
(In thousands of United States dollars)

	1999	*2000*	*2001*	*2002*	*2003*	*Total*
General resources						
Survival	205	173	182	165	167	892
Development and disparity reduction	180	200	160	150	160	850
Protection and promotion of child rights	140	140	144	148	120	692
Cross-sectoral costs	148	149	169	194	210	870
Subtotal	**673**	**662**	**655**	**657**	**657**	**3 304**
Supplementary funds						
Survival	120	310	370	370	350	1 520
Development and disparity reduction	120	260	270	250	250	1 150
Protection and promotion of child rights	80	210	220	150	90	750
Cross-sectoral costs	10	60	70	90	100	330
Subtotal	**330**	**840**	**930**	**860**	**790**	**3 750**
Total	**1 003**	**1 502**	**1 585**	**1 517**	**1 447**	**7 054**

Programme preparation process

16. The country programme has been prepared in full cooperation with the Government of Djibouti through an interministerial coordination committee. During the entire process, regular consultations were held with other United Nations agencies and bilateral donors. The country programme was developed within the framework of national policies, the NPA, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, as well as the Executive Board's observations on the country note made at the first regular session of 1998.

Country programme objectives and strategies

17. The proposed country programme will consist of three programmes: survival; development and disparity reduction; and protection and promotion of child rights. The programme aims to assist the Government in translating its commitments to the NPA and the two Conventions into effective policies, strategies and actions. Priority will be given to contributing to government efforts to reduce IMR and U5MR by one third; reduce MMR by 50 per cent; eradicate FGM; ensure basic education for all; reduce gender disparity at primary-school level; reduce primary school drop-out rates; and reduce female illiteracy by 10 per cent. In addition, the programme intends to assist the Government in strengthening its information and analysis system for monitoring the NPA goals and child rights.

18. The country programme will follow a three-pronged strategy in which each element reinforces and complements the others. The first will focus on the prevention, on a national scale, of selected major causes of infant, child and maternal mortality, thus complement-

ing the interventions of other partners. Capitalising on the lessons learned from the previous country programme, the second strategy targets disadvantaged and underserved urban and peri-urban areas that are home to majority of the population living below the poverty line. It will promote and support the introduction of a series of well-defined and targeted strategies and initiatives in a synergistic and integrated way. Priority will be given to those strategies and initiatives that directly or indirectly reinforce or accelerate the achievement of the NPA health and education goals. The third will focus on advocacy for sustained and effective commitment of the Government, the population and partners in achieving additional NPA goals and implementation of the Convention on the Rights of the Child.

19. **Survival**. This nationwide programme consists of two projects, for EPI/IMCI and safe motherhood. The EPI/IMCI project will contribute to the NPA goals of reducing by one third infant and child mortality caused by vaccine-preventable and diarrhoeal diseases and ARI. The objective is to increase EPI coverage, which includes vitamin A distribution, through routine operations and to increase correct case management of diarrhoeal disease and ARI at family and health service levels. The safe motherhood project will complement efforts of the United Nations Population Fund (UNFPA) and WHO to achieve the NPA goal of reducing maternal mortality by onehalf, with the aim of a 20 per cent reduction in MMR. UNICEF will collaborate in strengthening and improving the timeliness and quality of pre- and post-natal services; reducing iron deficiency anaemia in pregnant women; and advocating birth spacing and eradication of FGM practices.

20. The EPI/IMCI and safe motherhood projects will advocate a sustained commitment by the Government, other partners and the population at large, by increasing national and district-level capacities in programme management and implementation, as well as by reinforcing health education and social mobilization activities. While both projects are intended to have nationwide coverage, the communities targeted by the "child-friendly" initiative project of the development and disparity reduction programme will receive intensified support to accelerate and increase reduction of IMR, U5MR and MMR. Done in coordination with other partners, UNICEF interventions will include: (a) training of health authorities at national and district levels in programme management and implementation; (b) training of health staff to increase the quality of service delivery; (c) training of community health workers in IEC and social mobilization activities; (d) support for supervision, data collection and analysis; (e) support to IEC and social mobilization activities, including special targeted campaigns on the eradication of polio and FGM; and (f) logistical support and supply of vaccines and related materials including cold-chain equipment, vitamin A, oral rehydration salts, iron tablets, TBA kits, etc..

21. **Development and disparity reduction**. During the elaboration of this particular component of the country programme, it became necessary to improve the focus of the previously selected approach in order to make optimal use of available funds for the largest possible number of children. The programme, which consists of one project, the "child-friendly" initiative, will focus its basic education and poverty alleviation interventions on community initiatives that reinforce or accelerate the achievement of NPA health and education goals. It will specifically target the disadvantaged and underserved urban and peri-urban areas that are home to the majority of the population living below the poverty line, potentially reaching up to one third of the entire population. In the selected communities, the programme will complement activities of the survival programme with well-defined and targeted initiatives that will provide, in an integrated and synergistic manner, the knowledge and skills needed for family survival.

22. To this end, UNICEF will support the establishment of community schools that are easily accessible and provide quality basic education, especially to unreached children, the majority of whom are girls. Emphasis will be placed on teaching relevant life skills and improving the quality of basic learning. In addition, complementary non-formal IEC activities, including through distance education, will be supported. These will specifically target women and out-of-school girls and focus on literacy, HIV/AIDS prevention, FGM eradication, hygiene and sanitary and dietary practices, including breast-feeding. The poverty alleviation component, consisting of a microcredit scheme, will be closely linked to the female literacy component. The project aims at a balance between capacity-building and service delivery that ensures that communities acquire the knowledge and skills needed for full participation and ownership in their own sustainable development.

23. At urban and peri-urban levels, UNICEF will advocate effective commitment and support from relevant authorities. UNICEF will support training of community leaders and members in community development; conducting situation analysis; project planning, management and implementation; and conducting IEC and social mobilization activities. Relevant supplies, materials and seed money, notably for income-generating activities targeting disadvantaged women, will be provided.

24. **Protection and promotion of child rights.** In order to ensure the empowerment of women and the protection of children, the programme aims at the establishment of a more friendly environment for the implementation of the two Conventions. This is to be achieved by increasing public awareness of legal protection of women and children and the accessibility and use of viable and critical data at national, district and community levels.

25. The programme is composed of two projects: advocacy and social mobilization; and basic social statistics. The first project intends to reinforce the coordination of activities of such key actors as religious and community leaders, NGOs and the media. To support both the survival and the development and disparity reduction programmes, the project will implement cross-sectoral advocacy, social mobilization and IEC activities in the framework of the two Conventions. The second project aims to reinforce and consolidate collaboration with other donors, including the United Nations Development Programme (UNDP), the World Bank and the African Development Bank, in strengthening national capacities in conducting, collecting and analyzing basic social data. This will allow continuous monitoring of NPA goals and implementation of the two Conventions. In this context, UNICEF will support and participate in a national multiple indicator cluster survey and collaborate in household and community surveys (of iodine deficiency disorders, vitamin A deficiency, basic education achievements, child mortality, etc.).

Programme management

26. The Ministry of Foreign Affairs and International Cooperation will be responsible for overall coordination. The Government and UNICEF will jointly prepare annual plans of action and monitor programme implementation. Joint quarterly and annual meetings will be held to review project progress. Periodic assessments and evaluations of programmes and projects will be undertaken. In view of the new structure and strategies of the 1999-2003 country programme, a thorough evaluation will be conducted on the effectiveness and efficiency of the balance and mix of strategies applied. The results and follow-up actions taken will be discussed during the mid-term review planned for the first quarter of 2001. An analysis of the human resources required for implementing the new country programme revealed that the same office structure can be maintained. The office will continue to develop and reinforce strategic alliances with potential donors in order to coordinate interventions and mobilize resources for achieving the programme's goals.

Resource mobilization

27. A number of the bilateral and multilateral donors that participated in the new country programme preparation process, have expressed interest in participating financially and technically in the implementation of various projects. In collaboration with other UNICEF offices in the Horn of Africa, UNICEF Djibouti will develop a common strategy for fund-raising for specific intercountry initiatives such as FGM and polio eradication. In the event that planned supplementary funding levels are not reached, the number of urban and peri-urban areas targeted by the country programme will be reduced.

Collaboration with other partners

28. The UNICEF Djibouti office is committed to working in full partnership, complementarity, cooperation and coordination with United Nations agencies and bilateral and multilateral donors. UNICEF will cooperate with UNFPA and WHO in the safe motherhood project. UNDP, the World Bank, the African Development Bank, the Canadian Fund for Local Initiatives and local NGOs have expressed interest in the "child-friendly" initiative project. The office will continue to work closely with such major bilateral donors as France, Italy, Japan, the United States and the Canadian, French, Italian and Spanish Committees for UNICEF.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : DJIBOUTI
PROGRAMME : 1999-2003

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
SURVIVAL	892,000			892,000	0	0	0	0	0	0	0	0	0	0	0	0	0
DEVELOPMENT/DISPARITY REDUCTION	850,000			850,000	0	0	0	0	0	0	0	0	0	0	0	0	0
PROTECTION AND PROMOTION CRC	692,000			692,000	0	0	0	0	0	0	0	1	0	1	0	307,683	307,683
CROSS-SECTORAL COSTS	870,000			870,000	0	0	0	0	0	0	0	0	6	6	0	749,790	749,790
TOTAL GR	3,304,000			3,304,000	0	0	0	0	0	0	0	1	6	7	0	1,057,473	1,057,473
SUPPLEMENTARY FUNDING :																	
SURVIVAL		0	1,520,000	1,520,000	0	0	0	0	0	0	0	0	0	0	0	0	0
DEVELOPMENT/DISPARITY REDUCTION		0	1,150,000	1,150,000	0	0	0	0	0	0	0	0	0	0	0	0	0
PROTECTION AND PROMOTION CRC		0	750,000	750,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	330,000	330,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	3,750,000	3,750,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL GR & SF	3,304,000	0	3,750,000	7,054,000	0	0	0	0	0	0	0	1	6	7	0	1,057,473	1,057,473
SUPPORT BUDGET		Operating costs		541,970													
		Staffing			0	0	0	1	1	0	2	1	1	4	1,747,386	477,791	2,225,177
GRAND TOTAL (GR + SF + SB)					0	0	0	1	1	0	2	2	7	11	1,747,386	1,535,264	3,282,650
Number of posts and staff costs:																	
Current programme cycle											2	2	7	11			
At the end of proposed programme cycle (indicative only)											2	2	7	11	1,747,386	1,535,264	3,282,650

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = International Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.